

# Pregnancy and Lupus

Twenty years ago, medical textbooks said that women with lupus should not get pregnant because of the risks to both the mother and unborn child. Today, most women with lupus can safely become pregnant. With proper medical care you can decrease the risks associated with pregnancy and deliver a normal, healthy baby.

To increase the chances of a happy outcome, however, you must carefully plan your pregnancy. Your disease should be under control or in remission before conception takes place. Getting pregnant when your disease is active could result in a miscarriage, a stillbirth, or serious complications for you. It is extremely important that your pregnancy be monitored by an obstetrician who is experienced in managing high-risk pregnancies and who can work closely with your primary doctor. Delivery should be planned at a hospital that can manage a high-risk patient and provide the specialized care you and your baby will need. Be aware that a vaginal birth may not be possible. Very premature babies, babies showing signs of stress, and babies of mothers who are very ill will probably be delivered by cesarean section.

One problem that can affect a pregnant woman is the development of a lupus flare. In general, flares are not caused by pregnancy. Flares that do develop often occur during the first or second trimester or during the first few months following delivery. Most flares are mild and easily treated with small doses of corticosteroids.

Another complication is pregnancy-induced hypertension. If you develop this serious condition, you will experience a sudden increase in blood pressure, protein in the urine, or both. Pregnancy-induced hypertension is a serious condition that requires immediate treatment, usually including delivery of the infant.

The most important question that pregnant lupus patients ask is, "Will my baby be okay?" In most cases, the answer is yes. Babies born to women with lupus have no greater chance of birth defects or mental retardation than do babies born to women without lupus. As your pregnancy progresses, the doctor will regularly check the baby's heartbeat and growth with sonograms. About 25% of lupus pregnancies end in unexpected miscarriages or stillbirths. Another 25% may result in premature birth of the infant. Although prematurity presents a danger to the baby, most problems can

## CARING FOR YOURSELF

- ▲ Keep all of your appointments with your primary doctor and your obstetrician.
- ▲ Get enough rest. Plan for a good night's sleep and rest periods throughout the day.
- ▲ Eat a sensible, well-balanced diet. Avoid excessive weight gain. Have your obstetrician refer you to a registered dietitian if necessary.
- ▲ Take your medications as prescribed. Your doctor may have you stop some medications and start or continue others.
- ▲ Don't smoke, and don't drink alcoholic beverages.
- ▲ Be sure your doctor or nurse reviews with you the normal body changes that occur during pregnancy. Some of these changes may be similar to those that occur with a lupus flare. Although it is up to the doctor to determine whether the changes are normal or represent the development of a flare, you must be familiar with them so that you can report them as soon as they occur.
- ▲ If you are not sure about a problem or begin to notice a change in the way you feel, talk to your doctor right away.
- ▲ Ask your doctor or nurse about participating in childbirth preparation and parenting classes. Although you have lupus, you have the same needs as any other new mother-to-be.

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be successfully treated in a hospital that specializes in caring for premature newborns.

About 3% of babies born to mothers with lupus will have neonatal lupus. This lupus consists of a temporary rash and abnormal blood counts. Neonatal lupus usually disappears by the time the infant is 3–6 months old and does not recur. About one-half of babies with neonatal lupus are born with a heart condition. This condition is permanent, but it can be treated with a pacemaker.

## PLANNING YOUR PREGNANCY

You and your spouse or partner should talk to your doctor about the possibility of pregnancy. You and the doctor should be satisfied that your lupus condition is under good control or in remission. Your doctor should also review potential problems or complications that could arise during the pregnancy, their treatment, and outcomes for both you and the unborn child.

You should select an obstetrician who has experience in managing high-risk pregnancies. Additional experience in managing women with lupus is also good. The obstetrician should be associated with a hospital that specializes in high-risk deliveries and has the facilities to care for newborns with special needs. It is a good idea to meet with the obstetrician before you become pregnant so that he or she has an opportunity to evaluate your overall condition before conception. This meeting also will give you the opportunity to decide if this obstetrician is right for you.

Check your health insurance plan. Make sure that it covers your health care needs and those of the baby and any problems that may arise.

Review your work and activities schedule. Be prepared to make changes if you are not feeling well or need more rest.

Consider your financial status. If you work outside the home, your pregnancy and motherhood could affect your ability to work.

Develop a plan for help at home during the pregnancy and after the baby is born. Motherhood can be overwhelming and tiring, and even more so for a woman with lupus. Although most women with lupus do well, some may become ill and find it difficult to care for their child.

## ADDITIONAL NOTES

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## AFTER THE BABY IS BORN (THE POSTPARTUM PERIOD)

Be sure your doctor or nurse reviews with you the physical and emotional changes that occur as your body returns to normal. These changes are the same as those experienced by women who do not have lupus.

Be aware that postpartum complications can arise. In addition to those that can occur to any woman who has been pregnant, you might develop a lupus flare.

Try to breastfeed your baby. It is the ideal, low-cost way to provide nutrition for your baby in the first weeks or months of life. It takes time for mothers and babies to learn how to breastfeed and it may take a few weeks to get adjusted. Because breastfeeding can sometimes be a challenge, ask your doctor or nurse for help so you do not become discouraged. Sometimes, though, breastfeeding may not be possible for the following reasons:

- A premature baby may not be able to suck adequately. Feeding your baby through a tube at first and then by bottle may be necessary. However, you may still be able to pump your breast milk for your baby.
- If you are taking corticosteroids, you may not be able to produce enough milk.
- Some medications can pass through your breast milk to your infant. It will be up to your doctor to decide if breastfeeding is safe if you are taking any of these medications.
- Because breastfed infants tend to eat more frequently than do bottle-fed infants, breastfeeding can be very tiring. You may want to switch to a bottle and formula if breastfeeding becomes too tiring.

Be confident, though, that whichever method you choose to use to feed your baby, it will be the right decision for everyone concerned.

Before you leave the hospital, discuss birth control options with your doctor. Because it would be unwise for you to become pregnant again soon after giving birth, be sure to use an effective birth control method. **REMEMBER:** *You can get pregnant before your period begins again; also, breastfeeding and withdrawal of the penis before ejaculation are not effective birth control methods.*

## ADDITIONAL NOTES

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